Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information			
a, Full Name	1 1 7		c. ID Number
Committee	to KIECT?	ampson	d. Date Filed
b. Mailing Address (include City, State	(1 1		1/2-20 2011
1038 Samps	N/C 7856	10	e. Phone Number
New Deun	NC 7876	, 0	6 521131-6791
2. Report Year 3. Period Start I	Date (mm/dd/yy) 4. Period E	nd Date (mm/dd/yy) 5. Treasure	er Full Name
7014 7-1-2	014 10-18	2-2014 Rarmo	Jean Samoron
6. Type of Committee (Check Or		ort (check only one type of repo	rt from one category)
Candidate Campaign Party	Municipal rendum Organizational	State/County Organizational	Referendum Organizational
	Fundraiser Thirty-five day	I —	Pre-referendum
Legal Expense Fund	Pre-primary	First Second	Final Supplemental Final
7. Type of Fund (if applicable, c	Pre-election check one) Pre-runoff	Third	Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	☐ Mid Year ☐ Year End	State of the state of	10. Special Report Name
Other:	Final	Year End	
8. Number of Fundraisers this R	Report Special	Final Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	Talland Car
First Citizen	< Rank	5	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	Ol		
	d. Period Begin Balance		d. Period Begin Balance
Campaign	\$1658,05		\$
CERTIFICATION			
I certify that the Committee or Fund of the NC General Statutes and that			
report is complete, true and correct			-
Rarham J. S	marken Bay	Dava O Day	10-20-2014
Printed Name of Signer	r Sign	nature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	0011	1. / D	r Wata
Date Received:	2 1 2014 Employ	/ee:	livery Method Normal Mail
Date Postmarked:	Employ	vee:	Registered Mail Hand Delivered
Date Scanned:	Employ		Electronically Filed
			Signer has not received
Date Data Entered:	Employ	/ee:	mandatory training
		ittee information such as the con s information, or account informa	
		n (CRO-2100A-E) to make comm	

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report Total this Total this Start of Election Cycle: January 1, **Election Cycle** Reporting Period 4) Cash on Hand at Start 658.05 0 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 00 00 300.00 6) Contributions from Individuals (CRO-1210) \$ \$ 7) Contributions from Political Party Committees (CRO-1220)8) Contributions from Other Political Committees \$ (CRO-1230) \$ (CRO-1410) 9) Loan Proceeds \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources (CRO-1250) \$ 11a) Interest on Bank Accounts \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250)\$ (CRO-1270) 11d) Legal Expense Fund - Other Sources \$ 11e) Exempt Purchase Price Sales (CRO-1265)2280,00 500,00 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 414,20 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ (CRO-1420) 15) Loan Repayments \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) 520,00 17) In-Kind Contributions (CRO-1510) 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)\$ 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) (CRO-1710) \$ 25) Administrative Support \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) 28) Contributions to be Refunded (CRO-1215) \$

Contributions from Individuals Use this form to report individual contributions over \$50 or co	Pg of (Amendment Yes No
L. Committee Full Name (and Fund if applicable)		2. ID Number
	weson	CCNR83
3. Contributor Information	Add Remove	SPACE AND SPACE
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
George K. Butterrield	c. Employer's Name/Specific Field	
POBOX 2571		e. Election Sum to Date
Wilson, NC 27894	115 (\$ 2.50,00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	otion j. Date (mm/dd/yyy	230100
□ 01 Chock	8-20-20	14 \$ 250,00
		\$
		\$
S. Contelbutor Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Dr. Skdnev F. Barnwell MN	c, Employer's Name/Specific Field	
Dr. Skdney F. Barnwell MD 1709 Lincoln Street		e. Election Sum to Date
New Bern, NC 28560	Palsal N. d.	\$100 00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	ption j. Date (mm/dd/yyy	y) k, Amount
- OI Check	9-11-14	\$ 50,00
O (heck	3-29-1	4 \$50,00
	=	\$
S. Contillation Information	Add Renove .	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$
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		\$
4. Total only this Page		\$360,00
S. Total of ALL CRO-1210 Pages (This the must be on the defination Summus Page CRO-1000)		\$ 3 6 0,00
	ard of Elections	April 2007

OCT 2 1 2014

Dispursements	isbursen	nents
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Pσ	1	of	2	Amendment	∏ No
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Use this form to report expenditures	from the committee for	operating expenses,	contributions to	candidate/political
1 1 . 1	1.4			

	coordinated party exp ull Name (and Fund		H. 1811	机械(数4)	· 自國 · 有 · 书 · 书	2. ID Number
(Was I r	-10.LC		.0.0=		c c npo 2
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Operating Expe		ributions to Candida	PRODUCTOR STREET	The state of the s	The state of the s	dinated Party Expenditures
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(include city, state,	& zip)					Word Perpect Pack
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3230	MLKJr	Blud		Federal	County:	ity: e. Election Sum to Date
New Be	ern NC2	8562		State	Municipal	
(252)	637-686	.7				\$99.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	B	10-	-14-14	\$49,05	Word Perpeut Pack
					\$	
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a. Full Name, Mail (include city, stat	ing Address & Phone te, & zip)			b. Coordinat	ed Committee Name	a. Comments
Rathrim	7 -	\ <u>\</u>				6-05
Q-143	craven T	errace		c. Level Regi	stered (Specify) County:	
No. T	ern NC2			State	Municipal	ity: e. Election Sum to Date
/ _ /		-0 J60				\$40.00
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(include city, stat						
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000	70317117			Federal	County:	T-Shirts
1 0 DO	K WI	78561		☐ State	Municipal	ity: e. Election Sum to Date
Rance	boro, NC	5 50780				\$175.48
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The second secon				, ,		K. Required Remarks
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CRO-1310

NC State Board of Elections

December 2009

Dish	ursem	ents
	ul SCIII	

	_		_	Amendment		
Pg	_2	of	_	Yes	No	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	coordinated party ex		STATE OF THE OWNER.				
1	full Name (and Fun	d if applicable)	- (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C / NK) & 2
3. Type of Disb	ursement (Please	use separate CR		compsore		ursement.)	
Operating Exp	enses	ntributions to Candida	THE RESERVE OF THE PARTY OF THE	cal Committees	Coo	rdinated Party Expen	ditures
4. Payee Information A. Full Name, M.	nation Iailing Address & Ph	one		To an arrange of the second	Remove Committee Name	d. Comments	
(include city, state,	& zip)						
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(252)	638-61	12				\$58,8	
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4. Payee Inform	Control of the second s			Add	Remove 1		
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Roses	, Di	1		c. Level Regi	stered (Specify)		
2880	leuse Blu ern NC 2	d,		Federal State	County: Municipa	lity: e. Election Su	m to Date
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(include city, sta	te, & zip)					Stand	0 r
Mall	lant Kings	Ir Blud		c. Level Regi	stered (Specify) County:	Stapl	7
NewB	ern MCJ2	856 L		State	Municipa	91,2000 AND DESCRIPTION OF THE PARTY OF THE	A CHARLES OF A CASE OF THE STREET OF THE STR
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5. Ibelony b	fs Page					\$ 99,	67
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E - Salaries I - Postage	F* - Equip J - Penalti		Taxan Contra	ffice Expen		olding Public Of onation to Legal	
O* Other Codes requir	e detailed explanati	ton in required n	emark	iteld (k)			

CRO-1310

NC State Board of Elections

December 2009